



ERF DEATH BENEFIT FORM





Death Benefit Worksheet—Side A

This worksheet is designed to help you identify who you would like to receive a monthly benefit in the event of your death.

If you die before retirement and you are a former employee with at least five years of credited service or an active employee with at least two years of credited service, a MONTHLY BENEFIT may be payable to the individuals named on this form. Legally, your spouse, is your primary beneficiary. This monthly benefit may be paid to ONE BENEFICIARY for life, or it may be shared by SEVERAL BENEFICIARIES for a period not to exceed ten years. Only certain family members are entitled to a monthly benefit. Please complete Section I, Section II, or Section III.

I Member / Primary Beneficiary Information	Considerations of Beneficiaries	List of Eligible Beneficiaries
<p>A Lifetime Benefit—Spouse Only: Under this option, a spouse will receive a lifetime monthly benefit payment.</p>	<p>If you are married, when you die your husband or wife (spouse) will receive a benefit unless he/she waives the right to that benefit in writing. In this section, please include your information and your spouse's information.</p>	<ul style="list-style-type: none"> • A Spouse includes common-law spouse. • If you do not have a spouse, write N/A in the "Spouse's Name" area.

II A Lifetime Benefit—One Beneficiary	Considerations of Beneficiaries	List of Eligible Beneficiaries
<p>Under this option, one (1) Beneficiary will receive a lifetime monthly benefit payment.</p>	<p>If you are single or if your spouse waives the right to a pension, a Lifetime Benefit may be payable upon your death to ONE dependent parent or disabled child. In Section II, you may name the one dependent parent or disabled child who, if eligible at the time of your death, will receive a life-time benefit. In case this PRIMARY dependent parent or disabled child is not eligible at the time of your death, you may wish to name a CONTINGENT dependent parent or disabled child in Section III. Your contingent dependent parent or disabled child(ren) will not receive a benefit unless your spouse or the individual you named in Section II is ineligible, deceased, or has waived the right to a monthly benefit.</p>	<ul style="list-style-type: none"> • An eligible disabled child is a child who was determined to be totally and permanently disabled prior to age 18. • An eligible parent is a parent who is age 65 or is totally and permanently disabled and is your dependent at the time of your death.

III 10 Year Certain Option	Considerations of Beneficiaries	List of Eligible Beneficiaries
<p>Life with a 10 Year Certain Option: Under this option, a beneficiary will receive 120 monthly payments. If there is more than one beneficiary, the 120 monthly payments will be divided equally among the beneficiaries listed.</p>	<p>If you are single or if your spouse waives the right to a pension, and you either chose not to name an individual in Sections II or III or the individual you named is not eligible at the time of your death, you may choose to name ONE OR MORE eligible children or parents to share a monthly benefit for a period of no more than ten years. To be entitled to a monthly benefit under the Ten Year Certain option, at the time of your death your parent must be over age 65 or dependent upon you and your child(ren) must be under age 18 or have been totally and permanently disabled before age 18. If one or more of the children or parents named in this section dies or ceases to be eligible before 120 monthly payments have been made, that person's benefit will be shared equally among the other individuals you choose in this section.</p>	<ul style="list-style-type: none"> • An eligible disabled child is a child who was determined to be totally and permanently disabled prior to age 18. • An eligible parent is a parent who is age 65 or is totally and permanently disabled and is your dependent at the time of your death. • A minor Child: <i>The guardian of your minor child(ren) may receive a benefit until the child reaches age 18, or until ten years of payments have been made, whichever occurs first.</i>



Death Benefit Form—Side A



- Section I:** Please insert you and your spouse’s information, as your spouse is your primary beneficiary. If a Lifetime Pension Option is payable, your spouse will receive that benefit unless he or she waives the right to the pension in writing. If you are single or your spouse has waived their right, the pension will be paid to the beneficiary(s) you have listed in Section II or III.
- Section II:** Insert the name of a beneficiary who will receive a Lifetime Monthly Pension Benefit in the event of your Spouse’s death or if no spouse exists. Only one beneficiary may receive a Lifetime Monthly Pension Benefit. “Eligible” Beneficiaries include the following:
1. Your child who became totally and permanently disabled before age 18
2. Your parent who is a dependent or over age 65 at the time of your death
- Section III:** Please insert the name of one or more beneficiary(s) who will equally share a 10 Year Certain Benefit in the event of your Spouse’s death, or your Lifetime Benefit recipient’s death. Eligible participants include all listed above in Section II and **your child(ren) under the age of 18.** The child’s guardian receives the benefit until the child reaches the age of 18.

I. Member Information...

1. _____
 NAME (LAST, FIRST, MI) SSN DATE OF BIRTH

 ADDRESS CITY, STATE ZIP CODE PHONE NUMBER

Primary Beneficiary Information (Spouse)

2. _____
 NAME (LAST, FIRST, MI) SSN DATE OF BIRTH

 ADDRESS CITY, STATE ZIP CODE PHONE NUMBER

II. A Lifetime Benefit—One Beneficiary... Please initial here _____ if you do not wish to list a beneficiary for a monthly pension option.

 NAME (LAST, FIRST, MI) SSN DATE OF BIRTH RELATIONSHIP

 ADDRESS CITY, STATE ZIP CODE PHONE NUMBER

Lifetime Monthly Pension Contingent Beneficiary Option...

 NAME (LAST, FIRST, MI) SSN DATE OF BIRTH RELATIONSHIP

 ADDRESS CITY, STATE ZIP CODE PHONE NUMBER

III. 10 Year Certain Option... Please initial here _____ if you do not wish to list a beneficiary(s) for a 10 year certain option.

1. _____
 NAME (LAST, FIRST, MI) SSN DATE OF BIRTH RELATIONSHIP

 ADDRESS CITY, STATE ZIP CODE PHONE NUMBER

2. _____
 NAME (LAST, FIRST, MI) SSN DATE OF BIRTH RELATIONSHIP

 ADDRESS CITY, STATE ZIP CODE PHONE NUMBER

3. _____
 NAME (LAST, FIRST, MI) SSN DATE OF BIRTH RELATIONSHIP

 ADDRESS CITY, STATE ZIP CODE PHONE NUMBER

4.
 DO YOU HAVE ADDITIONAL BENEFICIARIES?... Please initial here _____ and complete a Death Benefit Addendum to name additional beneficiaries.

IV. Signature - You must sign this section in the presence of an adult witness who is not named as a beneficiary or designee.

 MEMBER SIGNATURE DATE

 WITNESS SIGNATURE DATE

GO TO SIDE B

TEAR ALONG THE PERFORATED EDGE



Death Benefit Worksheet—Side B



This Worksheet is designed to help you identify who you would like to receive a lump sum benefit.

If you die as an active employee with less than two years of pension service, or as a terminated employee with less than five years of pension service and have not forfeited your contributions, the Lump Sum Death Benefit will be a refund of your contributions. If you die as an active employee with at least two, but less than fifteen years of credited service, the Death Benefit will be based on the current value of your actual credited service or ten years of pension payments whichever is greater. This death benefit will be paid as a ten year certain option or a 1/2 survivor option. Although monthly benefits may only be paid to your spouse, dependent parent, or certain children, ANY individual or entity you name is entitled to receive a LUMP SUM Death Benefit. These people or entities are called your “designees”.

V Member / Primary Beneficiary Information	Considerations of Beneficiaries	List of Eligible Beneficiaries
<p>A Lifetime Benefit—Spouse Only: Under this option, a spouse will receive a lifetime monthly benefit payment.</p>	<p>If you are married, when you die your husband or wife (spouse) will receive a benefit unless he/she waives the right to that benefit in writing. In this section, please include your information and your spouse’s information.</p>	<ul style="list-style-type: none"> • A Spouse includes common-law spouse. • If you do not have a spouse, write N/A in the “Spouse’s Name” area.

VI Primary Designee(s)—Lump Sum Benefit	Considerations of Designees	List of Eligible Designees
<p>The Lump Sum Death Benefit—Primary Designee:</p> <p>The Lump Sum Death Benefit is a ONE-TIME payment made to one or more individuals or entities (known as your Primary Designees) upon your death.</p> <p>It is paid only if you have no surviving spouse, parent or child, who is eligible for a monthly benefit, or if they waive their benefit, or if you did not name your eligible dependent parent or child to receive the monthly benefit in Sections I, II, or III.</p>	<p>Under Primary Designees, name the individual(s) or organization(s) that you would like to receive (share) the Lump Sum Death Benefit. Under this section, you may also designate what percentage of the benefit each Primary Designee is to receive. If you do not indicate a percentage, the benefit will be split equally among all Primary Designees.</p> <p>Important Points:</p> <ul style="list-style-type: none"> • Even if you included your minor children on the Monthly Benefit Form, you may wish to also name them as a Primary Designee. If you do not, and if they are over age 18 at the time of your death, they may not be entitled to any benefit. • If you name an entity (for example, a church or charity), please include an address and contact information. • If you wish to name more Primary or Contingent Designees than space permits, please contact ERF for instructions. 	<p>You may name</p> <ol style="list-style-type: none"> 1. Your estate, 2. Any person or persons, 3. Any entity or entities, or 4. Any combination thereof.

VII Contingent Designee(s)—Lump Sum Benefit	Considerations of Designees	List of Eligible Designees
<p>The Lump Sum Death Benefit is a ONE-TIME payment made to one or more individuals or entities (known as your Contingent Designees) upon your death.</p>	<p>Under Contingent Designees, name the individuals or organizations that you would like to receive the Lump Sum Death Benefit if none of the Primary Designees survive you or each other.</p>	<p>You may name</p> <ol style="list-style-type: none"> 1. Your estate, 2. Any person or persons, 3. Any entity or entities, or 4. Any combination thereof.



Death Benefit Addendum—Primary Designee(s)

This section is a continuation of the Death Benefit Form—Side B

Please list the additional Primary Designee(s) from section B.

Please remember to sign and have a witness sign in section XI.

V. Member Information

1. _____	SSN	DATE OF BIRTH	PHONE NUMBER
NAME (LAST, FIRST, MI)			

VI. Primary Designee(s) - Lump Sum Benefit

3. _____	SSN	DATE OF BIRTH	RELATIONSHIP	
NAME (LAST, FIRST, MI)				%

ADDRESS	CITY, STATE	ZIP CODE	PHONE NUMBER
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4. _____	SSN	DATE OF BIRTH	RELATIONSHIP	
NAME (LAST, FIRST, MI)				%

ADDRESS	CITY, STATE	ZIP CODE	PHONE NUMBER
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5. _____	SSN	DATE OF BIRTH	RELATIONSHIP	
NAME (LAST, FIRST, MI)				%

ADDRESS	CITY, STATE	ZIP CODE	PHONE NUMBER
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6. _____	SSN	DATE OF BIRTH	RELATIONSHIP	
NAME (LAST, FIRST, MI)				%

ADDRESS	CITY, STATE	ZIP CODE	PHONE NUMBER
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7. _____	SSN	DATE OF BIRTH	RELATIONSHIP	
NAME (LAST, FIRST, MI)				%

ADDRESS	CITY, STATE	ZIP CODE	PHONE NUMBER
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8. _____	SSN	DATE OF BIRTH	RELATIONSHIP	
NAME (LAST, FIRST, MI)				%

ADDRESS	CITY, STATE	ZIP CODE	PHONE NUMBER
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9. _____	SSN	DATE OF BIRTH	RELATIONSHIP	
NAME (LAST, FIRST, MI)				%

ADDRESS	CITY, STATE	ZIP CODE	PHONE NUMBER
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10. _____	SSN	DATE OF BIRTH	RELATIONSHIP	
NAME (LAST, FIRST, MI)				%

ADDRESS	CITY, STATE	ZIP CODE	PHONE NUMBER
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VIII. Signature - You must sign this section in the presence of an adult witness who is not named as a beneficiary or designee.

MEMBER SIGNATURE	DATE
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WITNESS SIGNATURE	DATE
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